

## CLAIMS ONLY

Application Number <i>101804271</i>	Filing Date
Applicant(s)	

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
1	/								
2		/							
3									
4		/							
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48									
49									
50									
Total Indep	4								
Total Depend	14								
Total Claims	18								

Total Indep			
Total Depend			
Total Claims			